



Origination:	04/2017
Last Approved:	04/2017
Last Revised:	04/2017
Next Review:	04/2018
Owner:	Ricarda Pope-King
Policy Area:	Managed Care Operations
References:	NCQA CR1 , CR2 , CR3 , CR4

CREDENTIALING/RE-CREDENTIALING

POLICY

It is the policy of Detroit Wayne Mental Health Authority (DWMHA) that organizations and individuals directly or contractually employed shall meet all applicable licensing scopes of practice, contractual, Medicaid and Medicare Provider and General Fund requirements for appropriate credentialing and re-credentialing.

PURPOSE

The purpose of this policy is to delineate and describe the functions and oversight of DWMHA, DWMHA's Credentialing Verification Organization (CVO) and the responsibilities of the Managers of Comprehensive Provider Networks (MCPN) and/or their subcontractors, and direct contractors, to implement credentialing/re-credentialing functions.

APPLICATION

1. The following groups are required to implement and adhere to this policy: DWMHA Staff, Contractual Staff, Access Center, MCPN Staff, Network Providers, Mobile Crisis Stabilization Unit, Emergency Telephone Service Vendor, Credentialing Verification Organization (CVO)
2. This policy serves the following populations: Adults, Children, I/DD, SMI/SEI, SED, SUD, Autism
3. This policy impacts the following contracts/service lines: MI-HEALTH LINK, Medicaid.SUD, Autism, Grants, General Fund

KEYWORDS

1. Aide
2. Accredited
3. Adverse Action
4. Adverse Event
5. American Society of Addiction Medicine (ASAM) Level of Care Tool
6. Applicant
7. Authorized/certified (authorization/certification)
8. Autism Mental Health Professional

9. Child Mental Health Professional (CMHP)
10. Contracted County Department
11. Contractor(s)
12. Credential
13. Credentialing
14. Credentialing Committee
15. Credentialing Verification Organization (CVO)
16. Criminal History Checks
17. Deemed Status
18. Department Licensing and Regulatory Affairs (LARA)
19. Direct Contractor
20. Managers of Comprehensive Provider Networks (MCPN)
21. National Practitioner Databank (NPDB)
22. National Provider Identifier (NPI)
23. Non-Approval
24. Non-Accredited
25. Organizational Providers
26. Practitioner
27. Prepaid Inpatient Health Plan (PIHP)
28. Pre-Admission Reviewer (PAR)
29. Primary Source Verification
30. Qualified Behavioral Health Professional
31. Qualified Mental Health Professional (QMHP)
32. Qualified Intellectual Disabilities Professional (QIDP)
33. Re-credentialing
34. Subcontractor(s)
35. Substance Abuse Treatment Specialist (SATS)
36. Utilization Management (UM)
37. Utilization Review (UR)

STANDARDS

1. Responsibilities of the DWMHA:
 - a. Ensures all entities shall adhere to the provisions and standards set forth in the credentialing guidelines of DWMHA's contract with MDHHS.
 - b. Ensures that the credentialing and re-credentialing processes are confidential, protecting the privacy of the applicants.

- c. Ensures the credentialing process does not discriminate against a health care professional solely based on license, registration; or certification, to the extent the provider is acting within the scope of the provider's license or certification under applicable state law, or against a health care professional who serves high-risk populations or who specializes in the treatment of conditions that require costly treatment.
- d. Ensures the development and implementation of a Credentialing Committee charged with oversight of the credentialing, re-credentialing process. DWMHA's Credentialing Committee is comprised of DWMHA's Chief Medical Officer, DWMHA leaders, staff and clinicians related to the credentialing process, along with DWMHA network providers from various specialties who provide advice and expertise as needed. The Chief Medical Officer and the Credentialing Committee provide oversight of the following activities:
 1. The credentialing and re-credentialing process for providers and/or entities under contract with DWMHA or an MCPN, and which collectively form DWMHA's provider network.
 2. Rendering decisions regarding quality reviews of provider files for completeness of applications consistent with established credentialing and re-credentialing criteria including confirmation of adherence to organization policies and procedures, contract requirements and current malpractice insurance in the amount of \$1million per occurrence/\$3 million dollars aggregate.
 3. Development and update of credentialing criteria consistent with DWMHA, federal or other state requirements and other relevant professional standards.
 4. Developing and monitoring adherence to established timelines for the credentialing process.
 5. Practitioners are notified of their right to review the status of their credentialing/re-credentialing application, upon request, in the applications packet. The process for requesting information is as follows:
 - i. Practitioner must submit in writing via email, letter or fax a request to the CVO
 - ii. Responses to request will be made by the CVO within 5 business days of the request.
 - iii. Type of information shared will include: type of documentation received, additional documentation needed, type of clearances completed, correspondence sent or being sent to practitioner
 6. Mental health professionals that fail to meet the credentialing requirements of the provider organization, the MCPN managing the provider organization, or of DWMHA as detailed in this policy, shall be reviewed by the credentialing committee.
 - i. If member health and safety is determined to be at risk, the provider shall be immediately prohibited from providing mental health services on behalf of those entities.
 - ii. In addition, the provider organization and MCPN shall not be reimbursed for any services performed or billed for by that non-credentialed mental health professional during the period of his or her non-compliance, and any funds received by the provider organization or MCPN prior to the discovery of the mental health professional's noncompliance shall be returned to DWMHA. (see Exhibit C Letter Terminating Provider Status and Exhibit D Letter Requesting Additional Information).
 7. Providing oversight, as applicable, specific to "Deemed Status" entities. In instances where DWMHA chooses to accept the credentialing decisions of another PIHP entity it determines to have "Deemed Status," copies of the credentialing entity's decision shall be maintained in the administrative records to delineate how documentation (re-credentialing, member grievances or

- appeals, etc.) regarding “Deemed Status” providers are to be handled within the system.
8. Review and final decision making for appeals of adverse credentialing decisions made by contracted providers within the network. (see Exhibit E Letter Reinstating Provider Status)
 9. Oversight of the CVO and the contracted provider network’s implementation of the credentialing and re-credentialing process, which includes the right to approve, suspend or terminate providers selected by the MCPNs, their subcontractors, or direct contractors.
 10. Shall contact MCPN or contracted providers that do not respond to the CVO’s request for verification of credentialing providers. Contract sanctions may be imposed.
 11. DWMHA shall annually review and validate a 5% sample of CVO staff credential files.
 12. Establishing criteria, when applicable, for granting temporary or provisional credentials based upon a specific community/consumer need
- e. Ensure implementation of the following provisions:
1. If DWMHA delegates to another entity any of the responsibilities of credentialing/re-credentialing or selection of providers that are required by this policy, it must retain the right to approve, suspend, or terminate from participation in the provision of Medicaid/Medicare funded services of a provider selected by that entity that does not meet all requirements associated with the delegation of (DWMHA) functions.
 2. DWMHA is responsible for oversight regarding delegated credentialing or re-credentialing decisions.
 3. At the time of provider credentialing or re-credentialing in the provider network, DWMHA will search either/or the Office of Inspector General’s (OIG) List of Excluded Individuals Entities (LEIE), Medicare Exclusion database (MED) and the System for Awards Management (SAM) to validate that the provider entity and any individuals with ownership or control interests in the provider entity (direct or indirect ownership of five percent or more or a managing employee), has not been excluded from participating in federal health care programs.
 4. DWMHA must mandate the provider entity discloses ownership and control information at the time of provider credentialing, re-credentialing, or whenever a change in provider entity ownership or control takes place.
 5. DWMHA must search the OIG-LEIE, MED and SAM exclusions database monthly to capture exclusions and reinstatements that have occurred since the last search or at any time providers submit new disclosure information.
 6. Practitioners will be notified in writing within 14 days when credentialing information obtained from other sources varies substantially from that provided by the practitioner.
 7. Upon notification of substantially varied information obtained from other sources, the practitioner has the right to correct any erroneous information. The following procedures must be followed:
 - i. The practitioner must complete a request in writing within 7 days of notification that information is incorrect.
 - ii. Practitioners have 30 days to correct any erroneous information.
 - iii. Written documentation of corrections must be submitted to the Credentialing Committee Chair
within 10 days of receipt of corrected information, DWMHA will verify corrections and notify

practitioner of the status of their application.

8. DWMHA or its delegate shall validate and re-validate at least every two years that an organizational provider and/or individual is licensed as necessary to operate within the state and in good standing with state and federal regulatory bodies.
9. Notify the applicant within 60 days of credentialing decision.
- f. Ensure the completeness of credentialing files prior to submission to the Credentialing Committee, and document all findings through the CVO and the Quality Improvement Unit of DWMHA. Incomplete files shall be returned and submitted to the Credentialing Committee when the file is complete. DWMHA's Chief Medical Officer or a designated physician will review and approve or deny the file.
- g. The applicant has the right to review information obtained by the CVO to evaluate their credentialing application, attestation or Curriculum Vitae (CV). The applicant must send a request in writing to the CVO. The CVO may share information obtained from any outside source, such as malpractice insurance carriers, state licensing boards, with the exception of references, recommendations or other peer-review protected information.
- h. The applicant must submit missing documentation within 14 calendar days of notification that file submission is incomplete.
- i. Ensure implementation of standards for granting temporary or provisional credentials:
 1. These criteria shall ensure temporary or provisional credentialing not to exceed 150 days.
 2. The decision shall be made within 31 days from the receipt of the completed application.
 3. The request for temporary/ provisional credentials shall become part of the applicant's file.
 4. The review of information obtained through temporary or provisional credentialing shall include a complete signed and dated application that must include information regarding the following:
 - i. Lack of present illegal drug use.
 - ii. State sanctions or limitation on licensure and limitations on scope of practice.
 - iii. Any history of loss of license, registration, or certification and/or felony convictions.
 - iv. Any history of loss or limitation of privileges or disciplinary action
 - v. A summary of the provider's work history for the prior five years
 - vi. Primary source verification, which shall be conducted of licensure or certification, Board certification, if applicable, or the highest level of credential attained.
 - vii. Any history of Medicare/Medicaid sanctions.
 - viii. Attestation by the applicant of the correctness and completeness of the application.
- j. Conducting final reviews of CVO, MCPN/subcontractors and direct contractors adverse appeal decisions. Written notification of DWMHA's decision shall be made within 30 calendar days of receipt of the required documents used to render a decision.
- k. Establish and update policies and procedures consistent with federal or state requirements and other relevant requirements. DWMHA notifies MDHHS and Integrated Care Organization (ICO) within seven days of any significant changes to the provider network composition that affect adequate capacity and services.
- l. Ensure findings from the Quality Assessment Performance Improvement Program (QAPIP) are

submitted to the chair of DWMHA's Credentialing Committee (DWMHA's Medical Director) and incorporated in all re-credentialing decisions.

2. DWMHA's CVO, MCPNs, accredited agencies, subcontractors and direct contractors shall adhere to the following standards and procedures, including Autism Mental Health Professionals:
 - a. The development and implementation of written policies and procedures that guide the credentialing/re-credentialing process for employment of individual practitioners and pre-admission reviewers.
 - b. The credentialing/re-credentialing process must be in place to verify that the qualifications of practitioners are consistent with national credentialing standards and applicable laws.
 - c. Written policies and procedures shall include the following:
 1. Primary source verification of licensure or certification
 2. Primary source verification of board certification or highest level of credentials attained, if applicable, or completion of any required internships/residency programs or other postgraduate training
 3. Documentation of graduation from an accredited school
 4. A National Practitioner Databank (NPDB) query, verification of all of the following:
 - i. A minimum five-year history of professional liability claims resulting in a judgment or settlement
 - ii. Disciplinary status with a regulatory board or agency
 - iii. A Medicare/Medicaid sanctions query
 - iv. Mechanisms to ensure that practitioners provide treatment, services, supports, and UR/UM activities to persons within the scope of practice as determined by their licensure/registration/certification, training, and supervised experience
 - d. Determinations on credentialing and re-credentialing of practitioners shall be performed prior to the practitioner's initial provision of services on behalf of DWMHA and at least every two years thereafter. The Credentialing Committee may determine, in its sole discretion, that more frequent re-credentialing examinations of certain providers based on criteria directly related to the quality of care and UR activities are necessary on an individual basis.
 - e. Maintenance of all individuals who are credentialed, including the licensure/registration/certification numbers, and issue expiration dates (as applicable) is to be contained within MH-WIN, populated by the designated person at each provider, MCPN, within 30 days of hire.
 - f. Development and implementation of minimum standards that require ongoing population-specific (SMI, SED, I/DD, SUD) in-service training and/or continuing education related to the provision of services, supports, treatment and UR/UM activities.
 - g. If a training's title and content reflect that it addresses mental health issues for Children and Adults, it may be counted toward CMHP and QMHP credentials. Likewise, if a training's title reflects that it addresses I/DD issues in Children, it may be counted toward CMHP and QIDP credentials. If clinicians must be credentialed as CMHP, QIDP, and QMHP simultaneously and the 24 hours of Child-specific training they completed includes titles which reflected I/DD and SMI (Adults with Severe Mental Illness) topics, training may be counted toward each of the relevant credentials. In other words, a person could realistically satisfy all three credentials with 24 hours of training if all 24 of the hours reflected Child-specific topics and at least 5 of them additionally reflected I/DD topics for

a Children's population and another 5 of them reflected topics related to Adults with Severe Mental Illness.

1. Minimum standards require at least 24-hours per year of SED Child and Adolescent specific training and continued education.
 2. Minimum standards for SMI require at least five (5) CE hours per year specific training and continued education.
 3. Minimum standards for I/DD require at least five (5) CE hours per year specific training and continued education in intellectual/developmental disabilities.
 4. Minimum standards for MI Health Link mild to moderate providers require annual Medicare Fraud, Waste and Abuse training within 30 days of hire and annually thereafter
 5. Minimum standards for Autism require at least twenty-four (24) ABA specific hours per credentialing cycle, every two years, 4 of which are in Ethics.
 6. Minimum standards for Substance Abuse Treatment Specialist require at least twenty (20) CE hours per year specific training and continued education in Substance Use Disorders and Certified Alcohol and Drug Counselor or state approved development plan.
 7. For staff currently pursuing a graduate degree, the college course credit can be used as a source for CE hours in the credentialing process. The current degree classes must be included on the staff transcript as completed and credit(s) earned and the training must meet the criteria of credential population requirements.
 8. Recent college graduates may use their internships as experience when submitting their initial credentialing application after graduation
3. Maintenance of all credentialing material for practitioners in files with the following documentation that supports the specific activity or population group for which practitioners are being credentialed:
- a. A dated resume that provides evidence of supervised experience in working with the relevant population. In lieu of a resume, a descriptive statement on letterhead of a previous employer will be accepted.
 - b. Evidence of primary source verification of the following:
 1. Licensure or certification.
 2. Board Certification or highest level of credentials attained if applicable,
 3. Valid DEA or CDS certificate, if applicable
 4. Medicare/Medicaid sanctions
 5. Degree from accredited school
 - c. Current competence:
 1. Documentation of certification to provide special assessments, services or processes (e.g., Child & Adolescent Functioning Assessment Scale (CAFAS), electroconvulsive therapy (ECT), and neuropsychological testing). Practitioners must be qualified by training and experience to provide services, supports, treatment and UR/UM activities, as clinically indicated.
 2. For Qualified Behavioral Health Professional, transcripts must identify the completion of 3 of the 6 Board Certified Behavior Analyst required master level courses.
 - d. Initial credentialing and all subsequent re-credentialing applications

- e. Information gained through primary source verification
 - f. Any pertinent information used in determining whether the provider met DWMHA's credentialing and re-credentialing standards
4. Implementation of the following additional requirements regarding physicians:
- a. Set and verify minimum requirements for professional and general liability insurance coverage as applicable.
 - b. Obtain reports from the National Practitioner Data Bank and Healthcare Integrity and Protection Data Bank.
 - c. Check the Medicare/Medicaid program exclusion status.
 - d. Utilization of the physician profile information obtained from the American Medical Association to satisfy primary source verification for:
 - 1. five-year work history
 - 2. primary source verification of licensure or certification
 - 3. board certification/highest level of credentials attained
 - 4. completion of any required internships/residency programs/other postgraduate training
5. Ensure compliance with federal requirements regarding Medicare/Medicaid Program Exclusion Status:
- a. All entities receiving federal funds have an affirmative duty to prohibit employment or contracts with providers excluded from participation under either Medicare or Medicaid. A complete list of Centers for Medicare and Medicaid Services (CMS) sanctioned providers are available on the U.S. Department of Health and Human Services website at <http://exclusions.oig.hhs.gov>.
 - b. Organizational providers shall be reviewed for validation and re-validation every two years to ensure the provider is licensed to operate within the state.
 - c. At the time of provider credentialing or re-credentialing in the MCPN provider network, the MCPN must search the OIG-LEIE, MED and SAM exclusions database to ensure that the provider entity and any individuals with ownership or control interests in the provider entity (direct or indirect ownership of five percent or more or a managing employee) have not been excluded from participating in federal health care programs.
 - d. Mandate provider disclosure of any change of ownership involving new owners immediately (one business day).
 - e. Search the OIG-LEIE, MED and SAM exclusions database monthly to capture exclusions and reinstatements that have occurred since the last search or at any time providers or organizations submit new disclosure information. Report all findings regarding exclusions and reinstatements to DWMHA within one business day of receipt of such information.
6. Ensure all required staff is in good standing with the law:
- a. All employees, contractors, and consultants hired to provide professional or direct care services to consumers receiving mental health services must be in good standing with the law (i.e., not a fugitive from justice, a convicted felon, or an illegal alien).
 - b. An MCPN, and/or subcontractor, direct contractor and accredited agencies must perform criminal background checks on potential employees who provide professional or direct care services to persons receiving mental health services.

- c. Methodologies must be in place to perform criminal background checks on potential employees in order to avoid employment of those who do not pass such a check, in accordance with federal, State of Michigan or contractual requirements.
 - d. Employees that work in long-term care facilities such as adult foster care homes and homes for the aged are required to submit fingerprints to miltcpartnership.org background check system and database for the State of Michigan RAP Back process
 - e. An MCPN, and/or subcontractor, CVO, direct contractor and accredited agency shall ensure the signed, dated application includes the following additional items:
 1. lack of present illegal drug use
 2. history of loss of license, registration, or certification and/felony convictions
 3. history of loss or limitation of privileges or disciplinary actions
 4. an evaluation of the provider's work history for the prior five years
 5. attestation by the applicant of the correctness and completeness of the application.
7. Inform the applicant in writing of the reasons for any adverse credentialing/re-credentialing decision to deny, suspend, or terminate the contract for any reason other than lack of need, and their right to the appeal process (consistent with state and federal regulations) within 30 calendar days of decision being made (see Exhibit F Local Appeal Credentialing/Re-credentialing form). The appeal and hearing rules will be included with the written notice of the adverse credentialing/re-credentialing decision. The appeals process is summarized as follows:
- a. The applicant may request a hearing within 30 calendar days after notification of decision by submitting the written request to DWMHA's Credentialing Committee.
 - b. The applicant can request in writing with hearing request that an attorney or another person of their choice be present for the appeals hearing.
 - c. DWMHA will designate a hearing officer or panel of individuals to review the appeal.
 - d. The applicant will receive written notification of the appeal decision and specific reasons for the decision within 7 business days of final disposition.
 - e. Should DWMHA, MCPN, accredited agency or direct contractor decline to include individual providers or groups of providers in its network, the affected providers are given written notice of the reason for its decision.
8. Report, as required, all individual practitioners/organizational providers of improper conduct and criminal convictions, including convictions for fraud-related federal payer programs, resulting in suspension or termination to the appropriate authorities, which include Michigan Department of Health and Human Service's Attorney General, Licensing entities, NPDB, Health Plans, etc. These reporting procedures shall be consistent with contractual, federal and state requirements.
9. Ensure the provision of supervision to staff members with a bachelor's degree, or less, who have less than three years of experience or a master's degree with less than one year of paid experience in the treatment of consumers in the population group or in the specific service area for which certification is being required.
10. Ensure that supervision requirements of applicable law and regulations are met such that all staff requiring supervisions (e.g., medical residents and interns) are provided with the level of supervision required in order to allow proper billing for services by the supervising professional.

11. Maintain documentation that shows evidence that those practitioners, including Children's Diagnostic and Treatment Services Program staff receive training and continuing education, and that the practitioner's file reflects the date of training, name of training, and the clock hours of training. Training may be in the form of formal conferences, documented discussions of books or articles, in-house training, etc.
12. Credentialing and Re-Credentialing processes shall include at least the following health care professionals:
 - a. Physicians (MD's or DOs)
 - b. Physician's Assistants
 - c. Psychologists (licensed, limited license, temporary license)
 - d. Licensed Master's Social Workers, Licensed Bachelor's Social Workers, Limited License Social Workers and Registered Social Service Technicians.
 - e. Licensed Professional Counselors, Limited License Professional Counselors
 - f. Nurse Practitioners, Registered Professional Nurses, or Licensed Practical Nurses
 - g. Occupational Therapists or Occupational Therapist Assistants
 - h. Physical Therapists or Physical Therapist Assistants
 - i. Speech Pathologists
 - j. Autism Spectrum Disorders Benefit Behaviorists-Qualified Behavior Health Professionals
13. Re-credentialing individual practitioners shall include the following standards:
 - a. At minimum, the re-credentialing policies for physicians and other licensed, registered, or certified health care providers must identify procedures that address the re-credentialing process.
 - b. Process must be completed at least every two years.
 - c. An update of information obtained during the initial credentialing.
 - d. A process for ongoing monitoring, and intervention, if appropriate, of provider sanctions, complaints and quality issues pertaining to the provider, which must include, at a minimum, a review of:
 1. Medicare/Medicaid sanctions on a monthly basis
 2. State sanctions or limitation on licensure, registration or certification including source of information.
 3. Member concerns which include grievances complaints and appeals information
 4. DWMHA identified Quality issues
 - e. The MCO unit will notify on a monthly basis, any new credentialed, as well, as any changes in information of currently credentialed practitioners and/or organizations to appropriate units and those units will ensure changes are made in all member materials, including practitioner directories.

QUALITY ASSURANCE/IMPROVEMENT

DWMHA shall review and monitor contractor adherence to this policy as one element in its network management program, and as one element of the QAPIP Goals and Objectives.

The quality improvement programs of MCPNs, their subcontractors, and direct contractors must include measures for both the monitoring of and the continuous improvement of the programs or processes described in this policy.

COMPLIANCE WITH ALL APPLICABLE LAWS

DWMHA staff, MCPNs, contractors, and subcontractors are bound by all applicable local, state and federal laws, rules, regulations and policies, all federal waiver requirements, state and county contractual requirements, policies, and administrative directives, as amended.

LEGAL AUTHORITY

1. Health Insurance Portability and Accountability Act of 1996, P.L. 104-191
2. Balance Budget Act of 1997, P.L. 105-183
3. HHS-OIG List of excluded Individuals/Entities, <http://exclusions.oig.hhs.gov>
4. Michigan Department of Community Health, Administrative Rule 330.2105 (b)
5. Public Act 368 of 1978 as revised-MCL 333.20173
6. Michigan Department of Consumer and Industry Services, Requirements for Criminal Background Checks, www.michigan.gov
7. Agreement Between Michigan Department of Health and Human Services and Detroit Wayne Mental Health Authority FY 17, contract Attachment P.7.1.1 Credentialing and re-credentialing Processes
8. DWMHA Policy: Complaint Resolution, August 2014
9. DWMHA Policy: Certification of Children's Diagnostic and Treatment Services, February 10, 2015
10. Medical Services Administration (MSA) Bulletin-MSA 13-09 Michigan Department of Health and Human Services-Coverage of Autism services
11. Michigan Certification Board of Addition Professionals- www.mcbap.com
12. Michigan Department of Health and Human Services Provider Qualifications, p. 11 Medicaid Provider Manual October 2016
13. Behavior Analyst Certification Board- www.bacb.com

RELATED POLICIES

1. Disclosure of Control and Ownership Interest
2. Workforce and Provider Background Check

RELATED DEPARTMENTS

1. Children's Initiatives
2. Claims Management
3. Clinical Practice Improvement
4. Compliance
5. Customer Service
6. Information Technology
7. Integrated Health Care
8. Legal

- 9. Managed Care Operations
- 10. Management & Budget
- 11. Quality Improvement
- 12. Recipient Rights
- 13. Substance Use Disorders
- 14. Utilization Management

CLINICAL POLICY

NO

INTERNAL/EXTERNAL POLICY

EXTERNAL

Attachments:

- [Exhibit A Credentialing Verification Organization Responsibilities.docx](#)
- [Exhibit B Non-Approval Form.docx](#)
- [Exhibit C Termination of Provider Status.docx](#)
- [Exhibit D Request for Additional Information.docx](#)
- [Exhibit E Reinstatement of Provider Status.docx](#)
- [Exhibit F Local Appeal Credentialing Re-Credentialing.docx](#)

Approval Signatures

Approver	Date
Ronald Hocking: Chief Operating Officer	04/2017
Dana Lasenby: Deputy Chief Operating Officer	03/2017
Allison Smith: Project Manager, PMP	03/2017
Rolf Lowe: Assistant General Counsel/HIPAA Privacy Officer	03/2017
Muddasar Tawakkul: Director of Compliance/Purchasing [AS]	03/2017
tracey Lee: Director Claims Management	03/2017
Michele Vasconcellos: Director, Customer Service	03/2017
Darlene Owens: Director, Substance Use Disorders, Initiatives	03/2017
Kip Kliber: Director, Recipient Rights	03/2017
Jody Connally: Director, Human Resources	03/2017
Julia Kyle: Director of Integrated Care	03/2017
Corine Mann: Chief Strategic Officer/Quality Improvement	03/2017

Approver	Date
Stacie Durant: CFO Management & Budget	03/2017
Maha Sulaiman	03/2017
Mary Allix	03/2017
crystal Palmer: Director, Children's Initiatives	03/2017
Bessie Tetteh: CIO	03/2017
Sarah Sharp: Consultant	03/2017
Diana Hallifield: Consultant	02/2017
Lorraine Taylor-Muhammad: Director, Managed Care Operations	02/2017
Ricarda Pope-King	02/2017

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Exhibit A

Credentialing Verification Organization (CVO) Responsibilities

The Detroit Wayne Mental Health Authority (DWMHA) contracts with a Credentialing Verification Organization (CVO) to provide specific credentialing services. The CVO will conduct the credentialing/re-credentialing process in a timely manner and ensure all files presented to DWMHA's Credentialing Committee for review and evaluation are complete. DWMHA applicants will be notified in writing of missing information that prevents the process from proceeding. Applicant files that remain incomplete after 90 days will be closed with notice sent to the applicant.

On behalf of the DWMHA, the CVO is responsible for the activities listed in the policy and including the following:

1. Providing common, centralized, credentialing of staff from DWMHA, Dual Eligible Affiliate Provider Network, and staff from non-accredited providers (including SUD and direct contractors).
2. Completing a 5% random sample annually of each accredited MCPN, their subcontractors and other accredited DWMHA Providers credentialing files to ensure compliance with the DWMHA standards, policies, and procedures on an annual basis. The entity must demonstrate compliance with this DWMHA policy, and be fully accredited by an approved accrediting body.
3. Maintaining and informing the DWMHA in writing of all credentialing changes within 30 calendar days of the credentialing decision.
4. Verifying the credentials and qualifications of the individual Mental Health Professional throughout the provider networks within 60 calendar days of receipt of the credentialing application as listed in the standards of this policy and includes:
 - Maintaining a current database/master list of all practitioners working in credentialed organizations (this includes Child Mental Health Professional pre-admission reviewers, autism professionals), including licensures/certifications/registration numbers and expiration dates.
5. Notify DWMHA, MCPNs, Dual Eligible Affiliate Provider Network, SUD Service Providers and the other DWMHA Providers of the need for re-credentialing according to DWMHA standards including maintaining an ongoing credentialing calendar
6. Providing reports to the DWMHA, MCPNs and direct contractors on the status of credentialing activities and files each month.
7. Notifying the provider and the DWMHA in writing within 24 hours of any adverse decisions and the right to appeal.
8. As part of a Quality Improvement Plan, monitor the timeliness and effectiveness by or in which the credentialing function is conducted.

Exhibit B

Detroit Wayne Mental Health Authority
707 W. Milwaukee
Detroit, MI 48202-2943
Phone: (313) 344-9099
FAX: (313) 833-2156
TDD: (800) 630-1044
RR TDD: (888) 339-5588

Date

RE: Non-Approval Form

Dear:

Detroit-Wayne Mental Health Authority (DWMHA) has received your application for Credentialing as a **(Provider)**. After review by the DWMHA Credentialing Committee, it was found that additional information is required. Please review the list of items needed and return the required documents on or before **(date)**. In the interim your application for the **(Provider)** has been deferred to **Non-Approval (Provider)** status until the following necessary documents are received:

(List of Necessary Items)

Should the (necessary items) not be received on or before **(date)**, your **(Provider)** status will be rescinded.

If you have any questions or concerns, please contact us at 313-XXX-XXXX.

Sincerely,

Carmen McIntyre

Carmen McIntyre, MD
Credentialing Chair
DWMHA

Exhibit C

Detroit Wayne Mental Health Authority

707 W. Milwaukee

Detroit, MI 48202-2943

Phone: (313) 344-9099

FAX: (313) 833-2156

TDD: (800) 630-1044

RR TDD: (888) 339-5588

Date

RE: Termination of **(Provider)** Status

Dear _____:

The Detroit-Wayne Mental Health Authority Credentialing Committee has reviewed your credentials as a **(Provider)** and determined that you are not in compliance with the DWMHA's required credentials. Accordingly, your status as a **(Provider)** has been rescinded effective **(date)**. Accordingly, any mental health services you provide subsequent to **(date)** shall not be reimbursed by the DWMHA.

Please review the list of items required to be provided to the DWMHA in order to reinstate your CMHP status:

(List of Necessary Items)

If you have any questions or concerns, please contact us at 313-XXX-XXXX.

Sincerely,

Carmen McIntyre

Carmen McIntyre, MD
Credentialing Chair
DWMHA

Exhibit D

Detroit Wayne Mental Health Authority
707 W. Milwaukee
Detroit, MI 48202-2943
Phone: (313) 344-9099
FAX: (313) 833-2156
TDD: (800) 630-1044
RR TDD: (888) 339-5588

Date

RE: Request for Additional Information

Dear:

Detroit-Wayne Mental Health Authority (DWMHA) has received your application for Credentialing as a **(Provider)**. After review by our DWMHA Credentialing Committee, it was found that additional information is required. Please review the list of items needed and return the required documents on or before **(date)**. In the interim your application for the CMHP has been deferred. However, you are granted **Provisional (Provider)** status until the following necessary documents are received:

(List of Necessary Items)

Should the **(necessary items)** not be received on or before **(date)**, your Provisional **(Provider)** status will be rescinded.

If you have any questions or concerns, please contact us at 313-XXX-XXXX.

Sincerely,

Carmen McIntyre

Carmen McIntyre, MD
Credentialing Chair
DWMHA

Exhibit E

Detroit Wayne Mental Health Authority
707 W. Milwaukee
Detroit, MI 48202-2943
Phone: (313) 344-9099
FAX: (313) 833-2156
TDD: (800) 630-1044
RR TDD: (888) 339-5588

Date

RE: Reinstatement of **(Provider)** Status

Dear _____:

On **(date)**, we wrote to inform you that your **(Provider)** status had been rescinded effective **(date)** as a result of your failure to comply with the credentialing requirements of the Detroit-Wayne Mental Health Authority (DWMHA). At that time, you were provided with a list of items required to be provided to the Authority in order to reinstate your **(Provider)** status. Since that time, the DWMHA's Credentialing Committee has received the following items requested from you:

(List of Necessary Items)

After review by the DWMHA Credentialing Committee of these items and other credentialing information, it was determined that your **(Provider)** status shall be reinstated effective **(date)**.

If you have any questions or concerns, please contact us at 313-XXX-XXXX.

Sincerely,

Carmen McIntyre

Carmen McIntyre, MD
Credentialing Chair
DWMHA

Exhibit F

Local Appeal Credentialing/Re-Credentialing

Name	<input type="checkbox"/> Provider	<input type="checkbox"/> DWMHA
Address (No. & Street, Apt #, etc.)	Telephone #	Cell Phone #
City	State	Zip
Provider Name:	License (If applicable)	Date of Birth

EXPLAIN/DESCRIBE THE APPEAL ISSUE (You may attach additional pages if necessary):

(office use only) ADDITIONAL INFORMATION/FINDINGS:

SIGNATURE OF PERSON COMPLETING FORM

DATE

OFFICE USE ONLY

RESOLUTION: **APPROVED** **DENIED** **SENT TO DWMHA**

Name of Decision Maker	Credentials/Job Title	Date
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This letter is pursuant to the rules, and policies and procedures promulgated
by the Detroit Wayne Mental Health Authority 2013